

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							
10.17.04 12.13.04 CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						
2							
3							
4							
5							
6							
7							
8	1						
9	2						
10	1						
11	1						
12	1						
13	1						
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24	2						
25							
26							
27							
28				1	1		
29			1				
30		1					
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							
41							
42							
43							
44							
45							
46							
47							
48							
49							
50							
TOTAL IND.	15	1	1	1	1		
TOTAL DEP.	15	5	5	5	5		
TOTAL CLAIMS	30	6	6	6	6		

SERIAL NO.	09/963,668		FLING DATE	9.27.01	
APPLICANT(S)					
* CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
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84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS	30	6	6	6	6

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS